APPENDIX 13a
REPRINTED FROM PREVENTING LEAD POISONING IN YOUNG CHILDREN
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Screening Schedule

The following sections provide a minimum screening schedule for children aged 6 up to 36 and 36 to 72 months. The schedule is not rigid. Rather, it is a guide for pediatric health-care providers and screening programs to use in conjunction with other pertinent information in determining when an individual child should be tested.

Children six up to 36 months of age:

A questionnaire should be used at each routine office visit to assess the potential for high-dose lead exposure and, therefore, the appropriate frequency of screening.

- ***Schedule if the child is at low risk for high-dose lead exposure by questionnaire:***

  A child at low risk for exposure to high-dose lead sources by questionnaire should have an initial blood lead test at 12 months of age.

  If the 12-month blood lead result is **<10 μg/dL**, the child should be retested at 24 months if possible, since that is when blood lead levels peak.

  If a blood lead test result is **10-14 μg/dL**, the child should be retested every three to four months. After two consecutive measurements are < 10 μg/dL or three are <15 μg/dL, the child should be retested in a year.

  If any blood lead test result is **≥15 μg/dL**, the child needs individual case management, which includes retesting the child at least every three to four months.

- ***Schedule if the child is at high risk for high-dose lead exposure by questionnaire:***

  A child at high risk for exposure to high-dose lead sources by questionnaire should have an initial blood lead test at six months of age.

  If the initial blood lead result is **<10 μg/dL**, the child should be rescreened every six months. After two subsequent consecutive measurements are <10 μg/dL or three are <15 μg/dL, testing frequency can be decreased to once a year.

  If a blood lead test result is **10-14 μg/dL**, the child should be screened every three to four months. Once two subsequent consecutive measurements are <10 μg/dL or three are <15 μg/dL, testing frequency can be decreased to once a year.

  If any blood lead test result is **≥15 μg/dL**, the child needs individual case management, which includes retesting the child at least every three to four months.

Children ≥36 months and <72 months of age:

As for younger children, a questionnaire should be used at each routine office visit of children from 36 to 72 months of age. Any child at high risk by questionnaire who has not previously had a blood lead test should be tested. All children who have had venous blood lead tests ≥15 μg/dL or who are at high risk by questionnaire should be screened at least once a year until their sixth birthday (age 72 months) or later, if indicated (for example, a developmentally delayed child with pica). Children should also be rescreened any time history suggests exposure has increased. Children with blood lead levels ≥15 μg/dL should receive followup as described below.

Followup of children with blood lead levels ≥15 μg/dL:
Followup of children with blood lead levels ≥15 μg/dL is briefly summarized below. In general, such children should receive blood lead tests at least every three to four months.

- **If the blood lead level is 15-19 μg/dL,** the child should be screened every three to four months, the family should be given education and nutritional counseling and a detailed environmental history should be taken to identify any obvious sources or pathways of lead exposure. When the venous blood lead level is in this range in two consecutive tests three to four months apart, environmental investigation and abatement should be conducted, if resources permit.

- **If the blood lead level is ≥20 μg/dL,** the child should be given a repeat test for confirmation. If the venous blood lead level is confirmed to be ≥20 μg/dL, the child should be referred for medical evaluation and followup. Such children should continue to receive blood lead tests every three to four months or more often if indicated. Children with blood lead levels ≥45 μg/dL must receive urgent medical and environmental followup, preferably at a clinic with a staff experienced in dealing with this disease. Symptomatic lead poisoning or a venous blood lead concentration ≥70 μg/dL is a medical emergency, requiring immediate inpatient chelation therapy.